

## PHYSICAL THERAPY BOARD OF CALIFORNIA

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204 TELEPHONE: (916) 263-2550 FAX: (916) 263-2560



## Fee Schedule

(FEES SUBJECT TO CHANGE)

## FOR PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT EXAMINATION AND/OR LICENSURE

	NAME		DATE													
	ADDRESS															
	FEE CALCULATION:															
	1. License Application Processing Fee (Check either the A, B or C box)															
	A. U.S. T	rained Phys	sical T	herapi	st (\$5	0.00)						\$			_	
	B. Foreign Educated Physical Therapist (\$100.00)\$														_	
	C. Physical Therapist Assistant graduate or equivalency (\$50.00) \$														_	
money order here (DO NOT Staple)	2. Initial License Fee-(ILF) (\$120.00)															
	3. Written National Example (Check either box A control of the con		ee													
	A. Physical Therapist (\$280.00)\$															
1 11 0	B. Physical Therapist Assistant (\$265.00)\$															
	4. Laws & Regulations	s Examinati	on (Al	l App	licant	s)						\$	S8	35.00	_	
	5. Fingerprint Processing Fee (All Applicants)													66.00		
	Total fees required (															
	N	<b>Aake check</b>	or m	oney (	order	paya	ible to	): PT	ВС							
AST	OP PAYMENT ON CHE	ECKS WII	LL BE	CON	ISID]	ERE	DAV	VITH	IDRA	WA]	LOF	THE	APP	LICA	ATIC	N
IERING USE ONLY			3 P.T.		do		<u> </u>	PTA								
	RECEIPT NO.	APP FEE PT 1257005N EXAM FEE PT	REEXAM FEE PT	INIT LIC PT 1257005E	FOREIGN AP 1257005Q	APP FEE PTA 1257005P	EXAM FEE PTA	REEXAM FEE PTA	INIT LIC PTA 1257005F	SR 12570091	FPF 8100	OS 1257009	L&REXAM			
		\$50 \$28		\$120	\$100	\$50	\$265	\$265	\$120	VAR	VAR	VAR	\$85			
IER.				+												